STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 1990004  NAME OF PROVIDER OR SUPPLIER: PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER			A. BLDG: _ B. WING: _ CITY, STATE, Z	IP CODE:	(X3) DATE SURVEY COMPLETED: 07/03/2023		
STATE LICENSE NUMBER: 340801  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			FICIENCY	ID	DROVIDEDIC DI AN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	· ·			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  (X5) COMPLETE DATE		COMPLETE
P 0000	This report is the result of an occupancy survey conducted on July 3, 2023, at Penn State Health Holy Spirit Medical Center which included re-location of Dexa scan equipment from Silver Creek Outpatient Center to Penn State Health Camp Hill Center at 875 Poplar Church Road, Camp Hill, Pa. 17011,Suite 100. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.			P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:							

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## **Certified End Page**

## PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER

STATE LICENSE NUMBER: 340801 SURVEY EXIT DATE: 07/03/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY